Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16-31, 2003.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

DRAFT

PART I - FACE SHEET

APPLICATION FOR F	EDERAL ASSIST	ANCE	1. TYPE OF SUBMISSION:		
		-12/	Non-Construction		
AL DATE SUBMITTED TO CORPORATION OR NATIONAL AND COMMUNITY ERVICE (CNCS):	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:		
b. APPLICATION ID:	4. DATE RECEIVED:		GRANT NUMBER:		
045R037075					
APPLICATION INFORMATION					
EGAL NAME: Copejo Recrestion & Park District ADDRESS (give street actiress. city, state and zip code): 403 W. Hillorest Drive Thousand Oaks CA 91360 3. EMPLOYER IDENTIFICATION NUMBER (EIN): 952265201 3. TYPE OF APPLICATION: X NEW CONTINUATION REVISION I Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decresse Award C. Increase Duration D. Decresse Duration 10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.0012 10b. TITLE: Retired and Senior Volunteer Program		PERSON TO press conducts: NAME: Loui TELEPHONE FAX NUMBE INTERNET & 7. TYPE OF 7a. Local Go 7b. Local Go Corpc	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (gave pres contact): NAME: Louise Danielle TELEPHONE NUMBER: 805-381-2742 FAX NUMBER: R05-495-5430 INTERNET E-MAIL ADDRESS: Exp@ctpd.org 7. TYPE OF APPLICANT: 7a. Local Government - Municipal 7b. Local Government, Municipal 9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Conejo Valley: Refired and Senior Volunteer Program		
Thousand Oaks, Newbury Park, and part of W	eslake Village in Ventura County, Calif	firmia			
13. PROPOSED PROJECT: START DATE: 1	0/01/03 END DATE: 09/30/04	14. PERFOR	MANCE PERIOD: START DATE: END DATE:		
5. ESTIMATED FUNDING:		4	CATION SUBJECT TO REVIEW BY STATE EXECUTIVE		
a. FEDERAL	\$ 55,502.00		72 PROCESS? HIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE		
b. APPLICANT	2 131,389.00	П	THE STATE EXECUTIVE ORDER 12372 PROCESS FOR		
c. STATE	0.00	4	EVIEW ON: ATE: 20-OCT-03		
d. LOCAL	\$ 45,126.00				
e, OTHER	\$ 86,263.(m)				
1. PROGRAM INCOME	0.00	17. IS THE	UPPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 186,891.00		YES if "Yes," attach an explanation.		
IS TO THE BEST OF MY KNOWLEDGE ANDULY AUTHORIZED BY THE GOVERNING S AWARDED.	D BEUEF, ALL DATA IN THIS APP GODY OF THE APPUCANT AND T	LICATION/PREAPPI THE APPLICANT WI	LICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN LL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE		
B. TYPED NAME OF AUTHORIZED REPRE	SENTATIVE: b. TITLE:		c. TELEPHONE NUMBER:		
Lizzie Benton-Scott	Administrate	or .	805-495-6471		
			d. DATE:		

APPLICATION FOR					OMB Approval No. 0348-004
FEDERAL ASSISTANCE		2. DATE SUBMITTED October 2	21, 2003	Applicant Identifier	
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application I	dentifier
Application	Preapplication				
✓ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction			1	
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		
Le Grand Communit	v Services District		0.9323		
Address (give city, county, State			Name and telephone	number of person to	be contacted on matters involvin
13038 Jefferson Stre	et, Le Grand, CA 9	95333-9759	this application (give a Gerald Herma	_{irea code)} an, (559) 673	-5981, ext. 23
. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropri	iate letter in box)
	8 6 1			, ,,	G
0 9 0 9 9 9	101011		A. State	H. Independent So	chool Dist.
B. TYPE OF APPLICATION:			B. County		Institution of Higher Learning
☐ Nev	w ☐ Continuation	Revision	C. Municipal	J. Private Universi	ity
		7 [D. Township	K. Indian Tribe L. Individual	
f Revision, enter appropriate let	ter(s) in box(es)		E. Interstate F. Intermunicipal	M. Profit Organiza	tion
A. Increase Award B. De	crease Award C. Increas	e Duration	G. Special District		
	(specify):	o outailor.	От ороски оточног	(1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	And the transfer of the second
	(-1		9. NAME OF FEDER	AL AGENCY:	
			USDA Rural Util	ities Service	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	IIMRED:	11. DESCRIPTIVE TI	TI F OF APPLICAN	IT'S PROJECT:
IV. CATALOG OF FEDERAL D	OMEDITO ADDIOTATOE II		1		
		1 0 - 7 6 0	Water system in	nprovements inc	cluding construction of a roximately 4000 linear feet
	iste Disposal Loan and		of piping and up	naradina existina	Welle A and 4.
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, St	ates, etc.):	or piping, and up	grading existing	RFCENER
Le Grand, Merced Count	y, California				COLIVEL
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			OCT 2 9 2003
Start Date Ending Date	a. Applicant District18	Cordoro	b. Project	District 18 - 6	STATE CLEARING HOUS
	District 16	- Cardoza	40 IO ADDI ICATION		VIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 P		AICH DI SINIC EXCOURTE
a. Federal	T \$	00	URDER 12372 P	RUCE33?	
a. Federal	3	1,600,000	a. YES. THIS PRE	APPLICATION/APF	PLICATION WAS MADE
b. Applicant	\$.00	AVAILABL	E TO THE STATE	EXECUTIVE ORDER 12372
			PROCESS	FOR REVIEW ON	:
c. State	\$.00	DATE	10/21/03	
d. Local	\$.00			
	<u> </u>	00			RED BY E. O. 12372
e. Other	\$,	FOR RE		BEEN SELECTED BY STATE
f D	 s	90	- POKINE	.VILVV	
f. Program Income	3	•	17. IS THE APPLICA	ANT DELINQUENT	ON ANY FEDERAL DEBT?
g. TOTAL	\$	1,600,000	1	' attach an explana	
18. TO THE BEST OF MY KNO	WI EDGE AND BEI IEE A	· · · · · · · · · · · · · · · · · · ·	CATION/PREAPELICA	TION ARE TRUE	AND CORRECT. THE
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED BY THE G	OVERNING BODY OF TH	HE APPLICANT AND	THE APPLICANT W	VILL COMPLY WITH THE
a. Type Name of Authorized Re		b. Title		c. Telephone Nur	mber
Kenneth McPherson	prodentative /	Board President		(209) 389-41	
d. Signature of Authorized Rep	resentative	10		e. Date Signed	
-	Kennets	My Kus	212	10-21-0	
Previous Edition Usable				Standa	ard Form 424 (Rev. 7-97)

Previous Edition Usable

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

						OMB Approval No. 0348-0043
APPLICATIO	N FOR		2. DATE SUBMITTED		Applicant Identifier	
FEDERAL AS	SSISTANCE		October 3	0 2003	N/A	
1. TYPE OF SUBMIS Application	. 1	pplication .	3. DATE RECEIVED BY	STATE	State Applicant Identifier N/A	
☐ Construction		onstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Constructi ■	ion 🛛 🖾 N	on-Construction	October 3	1. 2003	N	/A
5. APPLICANT INFO						
Legal Name: Los An	igeles County Sh	eriff's Department		Organizational Unit:		
Address (give city, co	<u> </u>			Name and lelephone	number of person to be contacted	on matters involving this
	ona Boulevard		BIVE	application (give are	a code)	
Monterey !	Park, CA 9175		CT 2 9 2003	Thore (323)	t N. Sedita. Ca _l	
6. EMPLOYER IDEN	ITIFICATION NUM	BER LEIN):			SANT: (enter appropriate letter in	1 DOX) B
6. TYPE OF APPLIC	956000927 :ATION: ☑ New	STATE Continuation	CLEARING H	D. Township E. Interstate F. Intermunicipa	J. Private University K. Indian Tribe L. Individual M. Profit Organization	ist. tution of Higher Leaming
If Revision, enter app	ropriate letter(s) in			G. Special Distri	ct N. Other (Specify)	
A. Increase Award			Increase Duration	9. NAME OF FEDE	DAL ACENCY	
D. Decrease Durat	tion Other (specify):		9. NAME OF FEDER	Department of Justice	
				Office	of Community Oriented Poli	
10. CATALOG OF F	EDERAL DOMES	TIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJEC	T: .
		1 6 .	7 1 0	Los Angeles County Sheriff's Department Mobile Communications Center Equipment		
TITLE: 2003 Tec	hnology grant pr	ogram		Mobile C	communications C	enter Edurbment
12. AREAS AFFECTED	BY PROJECT (clud	s, counties, states, et	c.):			•
Los Angel	es Count	v. CA				
13. PROPOSED PR			SIONAL DISTRICTS OF	•		
Start Date	Ending Date	a. Applicant		b. Project	**************************************	
2/20/2003	2/19/2004	24-39 a	and 41		24-39 and 41	
16. ESTIMATED FU	NDING:			16. IS APPLIC	ATION SUBJECT TO REVIEW BY	STATE EXECUTIVE
a. Federal	5		248375.00	ORDER 12	2372 PROCESS?	
				a. YES. Th	IIS PREAPPLICATION/APPLICAT	ION WAS MADE
b. Applicant	\$.00.	1 1	VAILABLE TO THESTATE EXECU ROCESS FOR REVIEW ON:	TIVE ORDER 12372
c. State	s		.00.		ATE October 31.	2003
d. Local	s		.00.	b. NO. [_	[
e. Other	s		.00.		OR PROGRAM HAS NOT BEE FOR REVIEW	N SELECTED BY STATE
f. Program Income	s		.00.	5		
			, -	<u></u>	PLICANT DELINQUENT ON ANY	
g. TOTAL	s		.oc 248375		If "Yes," attach an explanation.	□ No
19. TO THE BEST OF M	MY KNOWLEDGE AN	D BELIEF, ALL DATA	IN THIS APPLICATION/PE	REAPPLICATION ARE TR	UE AND CORRECT. THE DOCUMENT IRANCES IF THE ASSISTANCE IS AWA	HAS BEEN DULY AUTHORIZED ARDED.
a. Typed Name of At Leroy I	uthorized Represer		b. Title	Sheriff	The Assertance is Am	c. Telephone number 323 526 5000
d. Signature of Author		ive		\sim Ω		e. Date Signed
a. aighature of Autho	orsea webiesentat	,		Vice	Baca	10/28/03
L						

APPLIÇA	TION FOR	*			OMB Approval No. 0348-004
FEDERAL	_ ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier
1. TYPE OF SI	IBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application		Preapplication			
Constru	ction	Construction	4 DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Con	struction	Non-Construction	4. DATE RECEIVED BY	2003	,
5. APPLICANT	INFORMATION				
Legal Name:				Organizational Unit:	
Count	y of Teha	ша		Coun	ty
	ity, county, State			Name and telephone	number of person to be contacted on matters involving
P.O.	Box 250	FRE	BEIVE	this application (give a	rea code)
l	Bluff, CA	96080	<u> </u>	Rick Robin	son 527-4655
6. EMPLOYER	IDENTIFICATIO	N NUMBER (EIN)	*****	TYPE OF APPLICA	NT: (enter appropriate letter in box)
94	6000	5 4 3	CT 2 9 .2003	\square	В
	10000			A. State	H. Independent School Dist.
& TYPE OF AF	PPLICATION:			B. County	I. State Controlled Institution of Higher Learning
,	☑ Nev		OUT BUNG HO	S-Municipal	J. Private University
,	X 1 MGA	A Couldensoon	CLEAR MAG HO	D. Township	K. Indian Tribe
If Revision, ent	er appropriate lett			E. Interstate	L. Individual
,				F. Intermunicipal	M. Profit Organization
A. Increase A	ward B. Dec	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)
D. Decrease	Duration Other	(specify):		,	
				9. NAME OF FEDERA	L AGENCY:
				USDA Rural D	evelopment
40 00741 00		AMEGRA AGGICTANOF N		44 6866511	T TO A NORMALIA AND A DO LOT
10. CATALOG	OF PEDERAL D	OMESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE III	LE OF APPLICANT'S PROJECT:
		·	1 0 - 7 6 0	1 1	an Carrer Drawins
	. Water and	d Waste Disposal	Loan and Gran	Aurelobe Ar	ea Sewer Project
		OJECT (Cities, Counties, Sta		Ť	
IZ. AREAS AF	FECTED BY PRO	UJECT (LIBBS, COUNTIES, SE	ies, eic.):	1	
Tehama	County and	d City of Red Bl	uff, CA		
		,		<u> </u>	
13. PROPOSE	D PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Stan Date	Ending Date	a. Applicant		b. Project	
Jan 02	Oct 07	2nd		2nd	
15. ESTIMATE				16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			*	ORDER 12372 PR	
a. Federal		S	w ·	1	
		25,568,000	· ·	a YES THIS PREA	PPLICATION/APPLICATION WAS MADE
b. Applicant		\$	· 66		TO THE STATE EXECUTIVE ORDER 12372
,			• •	1	FOR REVIEW ON:
c. State		\$	86	1	
				DATE	
d. Local		\$. 00		
			•	h No IT PROGRA	M IS NOT COVERED BY E. O. 12372
e. Other		\$	000		GRAM HAS NOT BEEN SELECTED BY STATE
,	•	1	•	FOR REV	
f. Program Inco		\$	00	1	
n. Program inc.	nne	•	* *	17 IS THE ADOLICAN	T DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL .		\$	00	17.15 THE APPLICAT	I) DELINCOENT ON ART PEDERAL DEBTT
g. IOIAL .	•	\$25,568,000	•	Yes H"Yes,"	nttach an explanation.
18 TO THE PE	EST OF MY KNO		DATA IN THIS ADDITION	ATION/DDEADDI ICAT	ION ARE TRUE AND CORRECT, THE
i					ION ARE TRUE AND CORRECT, THE IE APPLICANT WILL COMPLY WITH THE
l .		THE ASSISTANCE IS AWA		CAPPLICANT AND IT	IE AFFEIGART MILL COMPLY WITH THE
}					o Tolomboo Number
1 "	of Authorized Rep		b. Title		c. Telephone Number
	d Robinson		Chief Admini	strator	(530): 527–4655
or adustrie of	Authorized Repre	Sentadive)	7		6. Date Signed

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Prescribed by OMB Circular A-102

APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED	= 1E 2002	Applicant Identifier		
		<u> </u>	r 15, 2003			
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY	STATE	State Application Identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction		W. W. A			
5. APPLICANT INFORMATION Legal Name:			T			
Alpaugh Joint Power			Organizational Unit: N/A			
Address (give city, county, State	, and zip code):	DEARINE	Name and telephone	number of person to be contac	ted on matters involvir	
P.O. Box 262 Alpaugh, CA 93201		RECEIVEL	this application (give a	orea code) Self-Help Enterprises	;	
6. EMPLOYER IDENTIFICATIO	N NUMBER (FIN):	UCT 2 7 2003	(559) 651-100	JU EXT. 681 ANT: (enter appropriate letter i		
03-0516			; ;		G G	
8. TYPE OF APPLICATION:		ECLEARING HOUS	A. State	H. Independent School Dist.	of Habaataa	
☑ Nev	√ Continuation	Poulsian	C. Municipal	I. State Controlled Institution J. Private University	of Higher Learning	
ļ. ————————————————————————————————————		Revision	D. Township	K. Indian Tribe		
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual	* 1 * * *	
	لـــا		F. Intermunicipal	M. Profit Organization		
	rease Award C. Increase specify):	Duration	G. Special District	N. Other (Specify)		
	•		9. NAME OF FEDERA	AL AGENCY:		
40.0471100				U.S.D.A. Rural Development		
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
		1 0 — 7 6 0	Alpaugh Water System Rehabilitation Project.			
TITLE: Water & Was	ste Disposal Systems f	or Rural Comm	Drill new well. Install water treatment, storage, and			
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Stat	es. etc.):	pressure facilities. Replace portions of water distribution			
Town of Alpaugh and surr	ounding area, Tulare 0	County, California.	system.			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:				
Start Date Ending Date	a. Applicant 20th - Devi	n Nunes	b. Project	20th Davis Norse		
15. ESTIMATED FUNDING:			16 IS APPLICATION	20th- Devin Nunes SUBJECT TO REVIEW BY ST		
					TATE EXECUTIVE	
a. Federal	\$	00	ORDER 12372 PR	UCESS?		
	1	,933,000	a. YES. THIS PREA	PPLICATION/APPLICATION V	MAS MADE	
b. Applicant	\$.00	AVAILABLE	TO THE STATE EXECUTIVE FOR REVIEW ON:	ORDER 12372	
c. State	\$ 2	,100,000	DATE			
d. Local	\$.00		M IS NOT COVERED BY E. O	10070	
e. Other	\$.00	☐ OR PROG FOR REVI	RAM HAS NOT BEEN SELEC	TED BY STATE	
f. Program Income	\$.00				
g. TOTAL	\$.00		T DELINQUENT ON ANY FE		
18 TO THE PERT OF THE PER		033,000		ttach an explanation.	☑ No	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE GOV	'ERNING BODY OF THE	TION/PREAPPLICATI APPLICANT AND THI	ON ARE TRUE AND CORRE E APPLICANT WILL COMPLY	CT, THE Y WITH THE	
a. Type Name of Authorized Repri Rick Sroka	esentative t	o. Title	ļ.	c. Telephone Number		
d. Signature of Apporize Repres	entative //	Chairman		(559) 949-8199		
Previous Edition Usable	d Sroka			e. Date Signed 9 - 12 - 03		

APPLICATION FOR			UBMITTED	Applicant Identifier
FEDERAL ASSISTAN	CE	October 2	21, 2003	
1. TYPE OF SUBMISSION:		3. DATE R	ECEIVED BY STATE	State Application Identifier
Application	Preapplication Construction			ENCY Federal Identifier
Construction	☐ Non-Construction	4. DATE RE	CEIVED BY FEDERAL AG	-NCY Federal Identifier
X Non-Construction 5. APPLICANT INFORMATION	L			
Legal Name:	/IX		Organizational Unit:	
California Department of	Transportation		Division of Mass Tra	nsportation
Address (give city, county, Sta P.O. Box 942874 Sacramento, CA 94274-0			matters involving this ap Christopher Herre, Ch Office of Specialized	mber of person to be contacted on plication (give area code) ief Transit and Procurement
6. EMPLOYER IDENTIFICAT	ION NUMBER (FIN):	2_3_2003	(916) 654-6990 7. TYPE OF APPLICAN	T: (enter appropriate letter in box):
94 - 6001344	STATE CLE	ADING L	A State H. D. B. County I.	Independent School Dist. State Controlled Institution of Higher Learning
8. TYPE OF APPLICATION:		MININO		Private University
X New Continua		–	D. Township K.	Indian Tribe
If Revision, enter appropriate	letter(s) in boxes)		E. Interstate L. F. Intermunicipal M.	Individual Profit Organization
A. Increase Award B. Decr	ease Award C. Increase	Duration	G. Special District N.	Other (Specify)
D. Decrease Duration Oth	er (specify):		9. NAME OF FEDERAL	
10. CATALOG OF FEDERAL	DOMESTIC ACCISTANCE			sit Administration E OF APPLICANT'S PROJECT:
NUMBER:	DOMESTIC ASSISTANCE		II. DESCRIPTIVE THE	E OF AFFLICANT 3 FROUEOT.
) - 513		D 1 (Day	
			Purchase of Par	atransit Equipment
U.S.C. 49 S	Section 5310 sistance			
12. AREAS AFFECTED BY F etc.) Statewide	PROJECT (Cities, counties, S	States,		
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF	F:	
Start Date: Ending Date:	a. Applicant		Project:	
1/2/04 24 months			16 IC ADDI ICATION SI	JBJECT TO REVIEW BY STATE
15. ESTIMATED FUNDING: a. Federal			EXECUTIVE ORDER	
a. 1 505.a.	\$ 10,40	0,000. 00		
b. Applicant	6	1		
c. State	\$			LICATION/APPLICATION WAS MADE
\$			AVAILABLE TO	THE STATE EXECUTIVE ORDER 12372
				THE STATE EXECUTIVE ORDER 12372
d. Local	\$	0,000. 00	AVAILABLE TO	THE STATE EXECUTIVE ORDER 12372 REVIEW ON:
d. Local e. Other	\$ 2,60	0,000. 00	AVAILABLE TO PROCESS FOR DATE: October	THE STATE EXECUTIVE ORDER 12372 REVIEW ON: 21, 2003 S NOT COVERED BY E.O. 12372
	\$		AVAILABLE TO PROCESS FOR DATE: October b. NO. PROGRAM IS OR PROGRAM STATE FOR	THE STATE EXECUTIVE ORDER 12372 REVIEW ON: 21, 2003 S NOT COVERED BY E.O. 12372 M HAS NOT BEEN SELECTED BY REVIEW
e. Other f. Program Income	\$ 2,60		AVAILABLE TO PROCESS FOR DATE: October b. NO. PROGRAM IS OR PROGRAM STATE FOR 17. IS THE APPLICANT	THE STATE EXECUTIVE ORDER 12372 REVIEW ON: 21, 2003 S NOT COVERED BY E.O. 12372 M HAS NOT BEEN SELECTED BY
e. Other f. Program Income g. TOTAL	\$ 2,600 \$ \$	0,000. 00	AVAILABLE TO PROCESS FOR DATE: October b. NO. PROGRAM IS OR PROGRAM STATE FOR 17. IS THE APPLICANT DEBT?	THE STATE EXECUTIVE ORDER 12372 REVIEW ON: 21, 2003 S NOT COVERED BY E.O. 12372 M HAS NOT BEEN SELECTED BY REVIEW DELINQUENT ON ANY FEDERAL ," attach an explanation.
e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DU	\$ 2,600 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0,000. 00 ATA IN THIS	AVAILABLE TO PROCESS FOR DATE: October b. NO. PROGRAM IS OR PROGRAM STATE FOR 17. IS THE APPLICANT DEBT? Yes. If "Yes APPLICATION/PREAPPLIC	THE STATE EXECUTIVE ORDER 12372 REVIEW ON: 21, 2003 S NOT COVERED BY E.O. 12372 M HAS NOT BEEN SELECTED BY REVIEW DELINQUENT ON ANY FEDERAL
e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DU THE ATTACHED ASSURAN a. Type Name of Authorized Re	\$ 2,600 \$ \$ \$ 13,000 WLEDGE AND BELIEF, ALL D JLY AUTHORIZED BY THE GO NCES IF THE ASSISTANCE IS Expresentative b. Title: 0	0,000. 00 ATA IN THIS VERNING BO AWARDED. Chief, Office	AVAILABLE TO PROCESS FOR DATE: October b. NO. PROGRAM IS OR PROGRAM STATE FOR 17. IS THE APPLICANT DEBT? Pes. If "Yes APPLICATION/PREAPPLIC DDY OF THE APPLICANT APP	THE STATE EXECUTIVE ORDER 12372 REVIEW ON: 21, 2003 S NOT COVERED BY E.O. 12372 M HAS NOT BEEN SELECTED BY REVIEW DELINQUENT ON ANY FEDERAL ," attach an explanation. X No CATION ARE TRUE AND CORRECT, THE ND THE APPLICANT WILL COMPLY WITH C. Telephone Number
e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUTHE ATTACHED ASSURAN	\$ 2,600 \$ \$ 13,000 WLEDGE AND BELIEF, ALL D JLY AUTHORIZED BY THE GO NCES IF THE ASSISTANCE IS EXPRESENTATIVE B. Title: C Trans	0,000. 00 ATA IN THIS VERNING BO AWARDED. Chief, Office it & Procui	AVAILABLE TO PROCESS FOR DATE: October b. NO. PROGRAM IS OR PROGRAM STATE FOR TABLE TO PROBLICANT DEBT? Personal Yes. If "Yes APPLICATION/PREAPPLICATION OF THE APPLICANT ARE OF Specialized rement	THE STATE EXECUTIVE ORDER 12372 REVIEW ON: 21, 2003 S NOT COVERED BY E.O. 12372 M HAS NOT BEEN SELECTED BY REVIEW DELINQUENT ON ANY FEDERAL ," attach an explanation. X No SATION ARE TRUE AND CORRECT, THE ND THE APPLICANT WILL COMPLY WITH
e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUTHE ATTACHED ASSURAN a. Type Name of Authorized Received Christopher Herre	\$ 2,600 \$ \$ 13,000 WLEDGE AND BELIEF, ALL D JLY AUTHORIZED BY THE GO NCES IF THE ASSISTANCE IS Expresentative b. Title: C Trans Divisi	0,000. 00 ATA IN THIS VERNING BO AWARDED. Chief, Office it & Procui	AVAILABLE TO PROCESS FOR DATE: October b. NO. PROGRAM IS OR PROGRAM IS TATE FOR TO PROGRAM IS THE APPLICANT DEBT? Pes. If "Yes of The APPLICANT APPLICATION/PREAPPLICANT APPLICANT APPLI	THE STATE EXECUTIVE ORDER 12372 REVIEW ON: 21, 2003 S NOT COVERED BY E.O. 12372 M HAS NOT BEEN SELECTED BY REVIEW DELINQUENT ON ANY FEDERAL ," attach an explanation. X No CATION ARE TRUE AND CORRECT, THE ND THE APPLICANT WILL COMPLY WITH C. Telephone Number (916) 654-6990
e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DOTHE ATTACHED ASSURAN a. Type Name of Authorized Rechristopher Herre d. Signature of Authorized F	\$ 2,600 \$ \$ 13,000 WLEDGE AND BELIEF, ALL D JLY AUTHORIZED BY THE GO NCES IF THE ASSISTANCE IS Expresentative b. Title: C Trans Divisi	0,000. 00 ATA IN THIS VERNING BO AWARDED. Chief, Office it & Procui	AVAILABLE TO PROCESS FOR DATE: October b. NO. PROGRAM IS OR PROGRAM IS TATE FOR TO PROGRAM IS THE APPLICANT DEBT? Pes. If "Yes of The APPLICANT APPLICATION/PREAPPLICANT APPLICANT APPLI	THE STATE EXECUTIVE ORDER 12372 REVIEW ON: 21, 2003 S NOT COVERED BY E.O. 12372 M HAS NOT BEEN SELECTED BY REVIEW DELINQUENT ON ANY FEDERAL ," attach an explanation. X No CATION ARE TRUE AND CORRECT, THE ND THE APPLICANT WILL COMPLY WITH C. Telephone Number (916) 654-6990 e. Date Signed
e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUTHE ATTACHED ASSURAN a. Type Name of Authorized Received Christopher Herre	\$ 2,600 \$ \$ 13,000 WLEDGE AND BELIEF, ALL D JLY AUTHORIZED BY THE GO NCES IF THE ASSISTANCE IS Expresentative b. Title: C Trans Divisi	0,000. 00 ATA IN THIS VERNING BO AWARDED. Chief, Office it & Procui	AVAILABLE TO PROCESS FOR DATE: October b. NO. PROGRAM IS OR PROGRAM IS TATE FOR TO PROGRAM IS THE APPLICANT DEBT? Pes. If "Yes of The APPLICANT APPLICATION/PREAPPLICANT APPLICANT APPLI	THE STATE EXECUTIVE ORDER 12372 REVIEW ON: 21, 2003 S NOT COVERED BY E.O. 12372 M HAS NOT BEEN SELECTED BY REVIEW DELINQUENT ON ANY FEDERAL ," attach an explanation. X No CATION ARE TRUE AND CORRECT, THE ND THE APPLICANT WILL COMPLY WITH C. Telephone Number (916) 654-6990

APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBMITTE 7/29/03 10/23/03 - revision	Applicant Identifier			
1. TYPE OF SUBMISSIO	****		3. DATE RECEIVED BY STATE	State Application Identifier			
Application		Preapplication					
☐ Construction x ■ Non-Construction		☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier			
5. APPLICANT INFORM	IATION	ton-conputation					
Legal Name: City of Emer			Organizational Unit:				
Address (give city, county, 1333 Park Avenue Emeryville, CA 94608	state, and zip code);	I G B WE	Department of Economic Development and Housing Name and telephone number of the person to be contacted application (give area code) Ignatio Dayrit (510)596-4356	ed on matters involving this			
6. EMPLOYER IDENTIF		000CF 2 302003	C. Municipal J. Private Univer	chool District d Institution of Higher Learning			
8. TYPE OF APPLICATION: New Continuation xx Revision Revision, enter appropriate letter(s) in box(cs); n A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration			B. Interstate L. Individual F. Intermunicipal M. Profit Organi G. Special District N. Other (Specifi	zation y):			
Other Specify	:		9, NAME OF FEDERAL AGENCY: Environmental Protection Agency				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 B 1 1 TITLE: Brownfields Assessment Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CIERRA - Capital Incentives for Emeryville's Redevelopment and Remediation				
12. ARBAS AFFECTED :	BY PROJECT (cities, col	unties, states, etc.);					
13. PROPOSED PROJEC	T:	14. CONGRESSIONAL DISTRICT OF:					
Start Date	End Date	n, Applicant:		b. Project			
10/1/3	4/30/6	District 9, Barbara Lee		яаме			
15. Estimated Funding:			16. IS APPLICATION SUBJECT TO REVIEW 12372 PROCESS?	W BY STATE EXECUTIVE ORDER			
a. Federal		\$500,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 10/23/03				
b. Applicant		\$100,000					
c. State		\$					
d. Local \$		b, NO. • PROGRAM IS NOT COVERED BY E.	O 12372				
c. Other \$		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR RE					
f. Program Income (Repayments)			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL \$600,000			☐ Yes If "Yes" attach an explanation.	X No			
BEEN DULY	ST OF MY KNOWLEDO Y AUTHORIZED BY TH FANCE IS AWARDED.	GE AND BELIEF. ALL DATA IN THIS APPLI TE GOVERNING BODY OF THE APPLICANT	CATION/PREAPPLICATION ARE TRUE AND CORRE AND THE APPLICANT WELL COMPLY WITH THE A	CT, THE DOCUMENT HAS TTACHED ASSURANCES IF			
u. Typed Name of Author			b. Title: City Manager	c. Telephone Number (510)596-4371			
John A. Flores d. Signature of Authorize	1 .	nes -		c. Date Signed 10 - 23 - 3 Stondard Form 424A (REV 4-86)			
Previous Editions Not Usable			Proscribed by OMB Circular A-102AUTHOR	IZED FOR LOCAL REPRODUCTION			

APPLICATION FOR FEDERAL ASSISTANCE	E -	2. DA	re submitted	10/17/2003	Applicant Identifier	
	Preapplication [] Construction	3. DA	TE RECEIVED BY	STATE	State Application Identifier	
		4. DAT	E RECEIVED BY	FEDERAL AGENCY	Federal Identifier A 009019-03-0	
5. APPLICANT INFORM	ATION	4				
Legal Name: Santa Barb	ara County Air Pollution C	ontrol Di	strict	Organizational Unit: Air	Pollution Control District	
Address (give city, count 260 North San Antonio F Santa Barbara, CA 9311	Road Suite A	•		Name and telephone number of the person to be contacted on matters involving this application (give area code) John M. Nicholas, (805) 961-8854		
	ICATION NUMBER (EIN):					
G. LIMITEOTER IDENTIF][3][8][4][1][6][7]		T: (enter appropriate letter in box) [B]	
8. TYPE OF APPLICATION: [X] New [] Continuation If Revision, enter appropriate letter(s) in box(es): [] [] A. Increase Award B. Decrease Award C. Increase D. Decrease Duration Other (specify):			B. Countyl, State Control C. Municipal J. P D. Township K. Ir E. Interstate L. In	ndependent School Dist. Diled Institution of Higher Learning rivate University Indian Tribe Individual Profit Organization Other (specify):		
. Main the state of				9 NAME OF FEDERAL	AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC [6][6]-[0][0][1] ASSISTANCE NUMBER: TITLE: Air Pollution Control Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Air Pollution Program				
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc): Santa Barbara County						
13. PROPOSED PROJE	CT:	14. CC	NGRESSIONAL D	DISTRICTS OF:		
Start Date 10-01-03	Ending Date 09-30-04	a. App San	olicant ta Barbara County		b. Project Santa Barbara County	
15. ESTIMATED FUNDIN	NG:		ł .	TION SUBJECT TO REVI	EW BY STATE EXECUTIVE ORDER 12372	
			PROCESS?		. YES:THIS PREAPPLICATION/APPLICATION WAS	
					ATE . [NO: []	
a. FEDERAL	\$ 3	40.000			1 GR PROGRAM HAS NOT BEEN SELECTED BY	
b. APPLICANT	\$ 3	46,636		OCT 2 3 200:	3	
c. STATE		.00.	· Ind %		famer	
d. LOCAL	\$.00	ST	ATE CLEARING I	HOUSE	
e. OTHER	\$.00		* () was refer from the transfer of the transfer of		
f. PROGRAM INCOME	\$.00		LICANT DELINQUENT ON YES" ATTACH AN EXPLA		
g. TOTAL	\$ 3	46,636	.1		[,]	
18. TO THE BEST OF M	Y KNOWLEDGE AND BE	LIEF, AL THE GO	VERNING BODY (APPLICATION/PREAPPLICONT AND	CATION ARE TRUE AND CORRECT. THE THE APPLICANT WILL COMPLY WITH THE	
a. Typed Name of Autho Douglas		b. Tit	le Air Pollution C	Control Officer	c. Telephone number (805) 961-8853	
d. Signature of Authoriz	ed Representative	Keis	w. All	laid	e. Date Signed 10 -17 - 03	
Previous Editions Not Usal	ble	U	/		Standard Form 424 (REV 4-88)	





U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Project ID:	CA-90-Y263
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2004 Capital Assistance

Part 1: Recipient Information

Project Number:	CA-90-Y263
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Address:	Transit Department 20500 Madrona Avenue, TORRANCE, CA 90503 3692
Telephone:	(310) 618-6266
Facsimile:	(310) 618-6229

Union Information

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
City:	Torrance, CA 90501 0000
Contact Name:	Union President
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541

Part 2: Project Information

Project Type:	Grant	Gross Project	\$4,176,355
Project Number:	CA-90-Y263	Cost:	
Project Description:	FY 2004 Capital Assistance	Adjustment Amt:	\$0
		Total Eligible Cost:	\$4,176,355
i			

Recipient Type:	City		
FTA Project Mgr:	J. Ottomanelli, 213.202.3957		
Recipient Contact:	Anthony Rose - 310-618-6234		
New/Amendment:	None Specified		
Amend Reason:	Initial Application		
Fed Dom Asst. #:	20507		
Sec. of Statute:	5307		
State Appl. ID:	None Specified		
Start/End Date:	Oct. 01, 2003 - Nov. 30, 2004		
Recvd. By State:			
EO 12372 Rev:	Not Applicable		
Review Date:	None Specified		
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 16, 2003		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

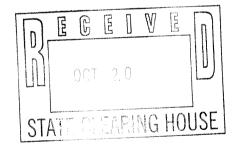
f 1	1	
Total FTA Amt:		\$3,371,106
Total State Amt:		\$58,300
Total Local Amt:		\$746,949
Other Federal Amt:		\$0
Special Cond Amt:		\$0
	-	
Special Condition:	None Specified	
S.C. Tgt. Date:	None Specified	
S.C. Eff. Date:	None Specified	
Est. Oblig Date:	None Specified	
Pre-Award Authority?:	No	
Fed. Debt Authority?:	No	
Final Budget?:	No	

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	36	Jane Harman



Project Details

DOL Checklist

1. Who is receiving the funds? The applicant, (i.e. recipient) and subrecipient(s) of funds must be clearly identified.

The City of Torrance (Recipient #: 1666) is receiving all funds in the grant.

2. What is the amount and type of funding to be awarded? Indicate whether funding is for operating or capital assistance. Identify how much is being provided to the recipient (applicant) and to each subrecipient.

PART I - FACE SHEET

ADDI ICATION EOD ES	TERM ASSISTAN	CE	1, TYPE OF SUBMISSION:		
APPLICATION FOR FEDERAL ASSISTANCE		OL .	Non-Construction		
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/17/03	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:		
26. APPLICATION ID:	4, DATE RECEIVED:		GRANT NUMBER:		
04SF039003			03SFPCA001		
5. APPLICATION INFORMATION	DE GEIVEN				
LEGAL NAME: Fresno County Economic Opports	OCT 18	NAME AND COMPERSION TO BE	NTACT INFORMATION FOR PROJECT CONTACTED ON MATTERS INVOLVI A. Lopes	DIRECTOR OR OTHER NG THIS APPLICATION (give	
ADDRESS (give street address, city, state and	21 5 (1004) :	TELEPHONE NL	IMBER: (559) 263-1533		
1920 Mariposa Mall Fresno CA 93721	STATE CLEARING H	FAXINUMBER:	(559) 263-1540 NL ADDRESS: vickilopa@fesaococ.or		
6. EMPLOYER IDENTIFICATION NUMBER (E/	A) :	7, TYPE OF APP			
941606519		7a. Local Govern	uncut - requirespan		
8. TYPE OF APPLICATION:		The Comments	nace organization		
NEW X CONTINU REVISION If Revision, enter appropriate letter(s) in box(es A. Increase Award B. Decrease Award					
D. Decreese Duration					
			DERAL AGENCY: tion for National and Co	ommunity Service	
10a. CATALOG OF FEDERAL DOMESTIC ASS	ISTANCE NUMBER: 94.011	11. DESCRIPTIV	ETITLE OF APPLICANTS PROJECT:		
10b. TITLE: Foster Grandparents		Free.no/Madera FGP			
12. AREAS AFFECTED BY PROJECT (List City) Presno County California and contiguous city in					
13. PROPOSED PROJECT: START DATE: 01/	01/03 END DATE: 12/31/05	14. PERFORMA	NCE PERIOD: START DATE:	END DATE:	
15. ESTIMATED FUNDING:		16, IS APPLICAT	ON SUBJECT TO REVIEW BY STATE	EXECUTIVE	
a FEDERAL	\$ 353,046.00	ORDER 12372 P	ROCESS7		
b. APPLICANT	\$ 103,441.00	YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: OATE: 20-0CT-03			
c. STATE	00.0				
d. LOCAL	\$ 25,910.00				
6. OTHER	\$ 77,531.00	-			
1. PROGRAM INCOME	\$ 0.00 17, IS THE		IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEST?		
g. TOTAL	\$ 456,487.00		YES if "Yes." attach an explanation.		
18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING BUT AWARDED.	BELIEF, ALL DATA IN THIS APPLICATI	ION/PREAPPLICA PPLICANT WILL C	TION ARE TRUE AND CORRECT, TH OMPLY WITH THE ATTACHED ASSU	E DOCUMENT HAS BEEN RANCES IF THE ASSISTANCE	
a. TYPED NAME OF AUTHORIZED REPRESE	NTATIVE: b. TITLE:	,	c. TELEPHON	IE NUMBER:	
Roger Palomino	Exemire Director	11.000000000000000000000000000000000000	(559)263-1	010	
anu)	Janino		d. DATE: 10/17/03		

PART I - FACE SHEET

APPLICATION FOR FI	EDERAL	ASSISTAN	CE	TYPE OF SUBMISSI Non-Construction	ION:
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:		
10/17/03 2b. APPLICATION ID:	4. DATE RECEIVED:		GRANT NUMBER:		
04SF039003	10/17/03		03SFPCA001		
5. APPLICATION INFORMATION					
		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER			
LEGAL NAME: Fresno County Economic Opportunities Commission		PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):			
ADDRESS (give street address, city, state and zip code): 1920 Mariposa Mall Fresno CA 93721 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941606519		FAXNUMBER: (559) 263-1533 FAXNUMBER: (559) 263-1540 INTERNET E-MAIL ADDRESS: vicki.lopes@fresnoeoc.org 7. TYPE OF APPLICANT: 7a. Local Government - Municipal			
8. TYPE OF APPLICATION:	AT TE	CLEARING	Th-Community-B	Based Organization	
NEW X CONTIN	UATION ALL	- ULEANING	110000		
REVISION					
If Revision, enter appropriate letter(s) in box(es	s):				
A. Increase Award B. Decrease Award	L	se Duration			
D. Decrease Duration					
			1	deral agency: tion for Nationa	al and Community Service
10a. CATALOG OF FEDERAL DOMESTIC ASS	SISTANCE NUMB	ER: 94.011	11. DESCRIPTIV	E TITLE OF APPLICANT	"S PROJECT:
10b. TITLE: Foster Grandparents		Fresno/Madera FGP			
12. AREAS AFFECTED BY PROJECT (List City) Fresno County California and contiguous city)					
13. PROPOSED PROJECT: START DATE: 01/01/03 END DATE: 12/31/05		14. PERFORMANCE PERIOD: START DATE: END DATE:			
15. ESTIMATED FUNDING:			1		EW BY STATE EXECUTIVE
a. FEDERAL \$ 353,046.00		ORDER 12372 P		IOATION WAS MADE AVAILABLE	
b. APPLICANT	\$ 103,441.00	0	то тн	E STATE EXECUTIVE OF	LICATION WAS MADE AVAILABLE RDER 12372 PROCESS FOR
c. STATE	\$ 0.00)	REVIEW ON: DATE: 20-OCT-03		
d. LOCAL	\$ 25,910.00)			
e. OTHER	\$ 77,531.00)			
f. PROGRAM INCOME	\$ 0.00	3 0.00		PLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 456,487.00	0	YES if "Yes," attach an explanation.		explanation. X NO
18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING B IS AWARDED.	BELIEF, ALL DA' BODY OF THE AP	TA IN THIS APPLICAT PLICANT AND THE A	ION/PREAPPLICA PPLICANT WILL C	TION ARE TRUE AND COMPLY WITH THE ATTA	CORRECT, THE DOCUMENT HAS BEEN ACHED ASSURANCES IF THE ASSISTANCE
a. TYPED NAME OF AUTHORIZED REPRESE	ENTATIVE:	b. TITLE:	,		c. TELEPHONE NUMBER:
Roger Palomino	\triangle	Executive Director			(559)263-1010
(South)	Lom	ind			d. DATE: 10/17/03